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KANSAS CITY MEDICAL JOURNAL.

E. W. SCHAUFFLER, M. D., Editor.

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THE KANSAS CITY

MEDICAL JOURNAL.

JUNE, 1875.

A Case of Extensive Lacerated Wounds—Amputation at the Thigh—Recovery.

By W. B. PARSONS, M. D., Brownsville, Mo.

J. W., male, aged 23 years, unmarried, a strong and healthy individual, was caught in a threshing machine on October 5th, 1874, no one knew exactly how. I was immediately sent for, three miles distant, and found him very pale, his appearance being altogether deathlike. The pulse was extremely small and feeble. He was conscious. This was one hour after the accident. A cover, which had been placed over his person, was removed and the right leg was found terribly mangled. The tibia was completely torn from the femur and protruding through the integument—indeed all the tissues from the knee down were so ground up and lacerated that it was difficult to distinguish them. He had lost considerable blood and it was yet dribbling away. A tourniquet was as at once applied, his head was lowered and a messenger was dispatched post haste for medical assistance and amputating case. Within three-quarters of an hour they arrived, and preparations were at once begun to amputate, notwithstanding it was the prevailing opinion that he would never recover from the shock. The patient was placed upon an ordinary dining-table, his pantaloons removed and other injuries discovered apparently more terrible than the injured leg.

The scrotum was laid open in two places and each testicle and spermatic cord was plainly visible—could have been easily

removed with the fingers. The integument over the pubes, just above the penis was torn transversely three inches. Another, and the worst injury, was a "split" on the right side, extending from the anterior superior spinous process of the ilium along the groin and perineum to the anus. It involved the integument only, from its beginning to the external abdominal ring. At the ring, which was torn, the peritoneum was visible. From the os pubis to the anus, the wound was from one to one and a half inches deep, involving some of the perineal muscles, the external sphincter ani and probably the internal. The urethra was not ruptured, as I gladly ascertained by introducing a catheter. Two ounces of whisky was given and chloroform was immediately administered by inhalation. Within ten minutes he was profoundly under its influence, when some time had to be spent in removing small particles of dirt, chaff, etc., from the wounds in the groin, perineum and scrotum. They were then brought together and secured by the interrupted suture.

The next step was the application of a rubber tube half an inch in diameter (*a l'Esmaich*) to the injured extremity, beginning at the knee and carrying it up as high as possible. At its termination a tourniquet encircled the limb very tightly. The tubing was now removed and the limb was perfectly blanched. It was amputated eight inches above the knee by the flap operation, and to use a worn out expression, "not a drop of blood was lost." The arteries ligated, the flaps were brought together and secured by suture; the tourniquet was taken off and about half a teaspoonful of venous hemorrhage ensued, not any more. The tubing was doubtless too tightly applied, as, in other cases, the nerves have received serious damage under such circumstances. During the operation two ounces of whisky was twice given, as the heart almost ceased to beat. Each time it was followed with a better pulse. This experience can never allow me to subscribe to the opinion that stimulants are injurious during the administration of chloroform, which is so particularly maintained by some eminent surgeons.

The patient was now put to bed, and in fifteen minutes the pulse was better than before the amputation, was also conscious and had some pain. Morphine acet. gr. $\frac{1}{2}$ was given, and ordered to be repeated every two hours if necessary. The case progressed as favorably as one ever did or could; he had but little pain; was perfectly sensible during the whole time; had but little fever, and

a moderate appetite from the next day. The wounds were dressed daily with sweet oil and carbolic acid. On the 24th day this man was walking on his crutches and looking well. He is now perfectly sound, and his sphincter ani performs its duty as satisfactorily as ever.

An Easy and Safe Method of Replacing the Retroverted Gravid Uterus.

By S. N. DENHAM, M. D., Kansas City.

I do not propose to enter into a discussion of the cause or the pathology of retroversion of the gravid uterus. My only object is to bring before my professional brethren a method of replacing the "dislocated" organ, which I have, so far, found prompt, easy, safe and efficient.

To illustrate the method fully, I will here give a report of the first case in which I employed it.

I was requested to see Mrs. —, the mother of six children. Found her advanced in the fourth month of pregnancy, the abdomen greatly enlarged from an enormous accumulation of urine in the bladder, the exit of that fluid being prevented by the pressure of the cervical portion of the uterus, the os being above and behind the pubic symphysis, and the fundus resting in the hollow of the sacrum. The finger, introduced into the vagina, was arrested by a firm, resisting tumor, filling up the pelvic outlet.

With extreme difficulty, I was enabled to introduce a catheter and empty the bladder.

Having accomplished this, my next attempt was to replace the uterus. I exhausted every method with which I am acquainted without affecting any perceptible change in the situation. There seemed nothing left but to empty the uterus. Rapidly reviewing the anatomical relations, it occurred to me to try one more experiment. I procured a bladder (not being able to obtain an India rubber bag), and, after softening it by immersion in warm water, I attached it to the nozzle of a syringe capable of throwing a continuous jet. After placing the patient in the position for the introduction of Sims' speculum, I introduced the empty bladder into the vagina, carefully passing the nozzle of the syringe as far as practicable, and fixed it firmly, with the fingers of the right hand resting against the vaginal os. With the left hand, slight pressure was made just above the symphysis pubis, to counteract any ten-

dency upward of the lower segment of the womb. An assistant was now ordered to work the syringe, and gently throw in about half a pint or more of tepid water. The nozzle of the syringe was now released from the bladder and withdrawn, but, as the water did not follow it, a catheter was introduced and the water allowed to pass out, and the bladder removed. Much to my satisfaction, I found the womb had been driven to its proper position.

A few days' quietude constituted the entire after treatment, and the patient was enabled to reach her term without further trouble or accident.

To repeat the steps of the procedure: First—empty the bladder; second—place the patient in the position described for using Sims' speculum, or on the back with the knees drawn up (the former is preferable); third—introduce into the vagina an India rubber bag, or a bladder, with syringe attached so it can be filled with water; fourth—fill the bag with tepid water until some pressure of the perineum is complained of, or the uterus has been discovered, by the hand placed on the abdomen, to have assumed its proper position; fifth—empty the bag or bladder and remove the same. Repeat the operation if the first is not successful, increasing the pressure until the desired effect has been produced.

It will be seen that this method is similar, to some extent, to the one suggested by M. Gariel, viz: the introduction of his air pessary into the rectum or vagina, and raising the uterus by inflating the instrument. Dr. Playfair* reports two cases relieved by Gariel's method, in King's College Hospital, but, it appears, the instrument was required to remain in the vagina for twelve hours or more.

I believe the water much more manageable and powerful than the air apparatus. By it the organ can be restored immediately and the instrument removed. It should never be introduced into the rectum, but placed in the vagina, for obvious anatomical reasons. The patient should never be encumbered with that pest of gynecology, a pessary.

It may be urged that there is danger of dilating the os, and thereby inducing miscarriage. Such a result did not follow in the cases reported by Dr. Playfair nor in my own. Indeed, a glance at the anatomical and physiological points involved, is sufficient to show that such a result can not follow where the organ is replaced and the instrument removed at once.

*Obst. Journal for Great Britain and Ireland, June, 1874, page 155.

A Case of Placenta Previa.

By A. A. DYE, M. D., Lamar, Mo.

On June 1st, 1874, I was consulted by Mrs. W. R., who was then suffering from menorrhagia. Menstruation had lasted for the preceding ten days, and had weakened her considerably, although she was of moderately full habit. I prescribed tinc. ferri chlor. three times a day with ext. ergot fld. *m.* xx at bed time; the hemorrhage soon ceased, and I heard no more of the case until March 13th, 1875, when I was again consulted in regard to frequent attacks of hemorrhage with which she had been afflicted for the last seven weeks.

The period of June, 1874, had been her last, she having been pregnant since that time.

On January 22d, 1875, while cleaning some fish, she was attacked with flooding, which, upon her assuming a recumbent posture and having a "shivering fit," soon subsided. Just one month from this time she had another attack of flooding, a little more profuse than the first, which, however, was arrested by the recumbent posture, again accompanied by a rigor. From this time she had frequent attacks of flooding, which gradually grew more and more profuse, and were invariably terminated by the "shivering fit," until March 19th, at which time I was summoned in haste to attend her during confinement. I found her vagina distended with a large clot, which I removed, and introducing the finger into the os found it dilated to the extent of half an inch and covered by the placenta, which extended over it to the mother's left to the extent of an inch. The pains, which were short and frequent, caused a gush of liquor amnii and blood, the amount of the latter being truly alarming. I gave her $\mathfrak{z}$ ss fld. ext. ergot, and, after allowing the remainder of the waters to escape, plugged the vagina with strips of linen, wet in a mixture of tinc. ferri chlor. $\mathfrak{z}$ i, aqua $\mathfrak{z}$ xii. This plug greatly checked the flooding for three or four hours, but at the expiration of this time the accumulating blood and rapidly increasing pains extruded it from the vagina and the hemorrhage was more profuse than ever.

Believing that energetic delivery by turning was the only means of saving the mother, I introduced the hand up to the os, which I found dilated about two inches. Farther dilatation was rapidly performed, and I separated the placenta still more from the lower segment of the womb, which enabled me to introduce

my hand toward the fundus in search of the feet. Before finding the feet, however, a very strong pain came on, which, as I could feel, drove the head down against my arm. Hoping that the increased pains might cause the head to descend, I withdrew my arm, and was pleased to feel the head slowly descend and engage itself in the brim of the pelvis, thus compressing the bleeding surface and almost entirely arresting flooding. One condition of things, however, greatly marred my satisfaction at seeing the hemorrhage arrested. This was the prolapse of the funis which took place as the head was engaging in the superior strait, and which no effort of mine was able to prevent. As the cord was not pulsating in the intervals, whence I concluded that the foetus had already died from the separation of the placenta from the parieties of the womb, and as—even were the foetus still living—the reduction of the cord would disturb the head in its present very desirable position, I decided not to disturb the cord but to allow labor to take its own course, provided it progressed rapidly. This it did, and soon resulted in the birth of a dead child, which no effort could resuscitate. There was considerable post-partum hemorrhage, and as, in spite of quite hard pains, the placenta did not come away, the hand was introduced and the placenta separated from the right lower parieties of the uterus to which it was firmly adherent. An examination of the secundines showed that the funis was attached very near the left margin of the placenta and that the rupture of the membranes had occurred at this place, thus allowing the cord to be easily prolapsed. There was no flooding after the delivery of the placenta, and upon a few chalybeate and bitter tonics she is fast regaining her lost strength.

In reviewing the history of this case, one question suggests itself to my mind. Could the profuse menstrual period of June last have been an effort of nature to wash out of the uterus an embryo which had passed beyond its normal point of lodgment? And, if so, might not the arrest of this effort by the remedies then prescribed, have had something to do with the deposit of this embryo upon the lower segment of the womb where it was subsequently developed?

PROCEEDINGS OF SOCIETIES.

KANSAS CITY DISTRICT MEDICAL SOCIETY.*

The Society held its third quarterly meeting in Kansas City on the second day of June. The President, Dr. J. M. Allen, of Liberty, presided.

The Secretary read, amongst other correspondence, the notice of a meeting to be held in St. Joseph on the 17th inst., for the purpose of organizing a District Medical Society in that portion of the State, also a notice from the Clay County Medical Society, of the expulsion of one of its members. The latter was referred to the Committee on membership.

Drs. S. N. Denham, and John Wilson, of Kansas City, H. F. Hereford, of Westport, and E. McD. Coffey, of Platte City, were elected members of the Society.

Dr. J. T. Marsh, of Liberty, read an essay on "Cerebro-Spinal Fever." The essayist took the ground that the disease in question is essentially a fever, not contagious nor infectious, caused by the reception into the system of some unknown poison from without; that it is not primarily an inflammatory affection; that in those cases where meningitis is found to exist, this is secondary; that the treatment should be tonic and supporting, there being no specifics, and the use of large doses of quinine being injurious rather than beneficial.

Dr. Lester inquired whether the writer's objection to the use of quinine was based on clinical experience.

Dr. Marsh said, yes, in the first years of his practice he gave it freely—during the last epidemic withheld it and had better results. Thinks quinine induces determination of blood to base of brain.

Dr. Hereford said that he or Dr. Marsh must be all wrong about this disease. Post-mortems show all the products of a veritable inflammation, lymph, serum and pus. Has made a good many post-mortems and always found the inflammatory products at the base of the brain and upper part of cord. Differing on the

* The Editor of the Journal not being a short-hand reporter, cannot, of course, attempt to give anything more than the barest outline of the debates held in the Society. He thinks he can promise not to misrepresent any one, but he cannot pretend to do members justice, nor even always to notice all the speakers in a debate.

pathology of course he differs in treatment, adopting the most vigorous antiphlogistic measures. If patient is seen early, uses the lancet, then brisk purgatives, ice-bag to head and neck, later, quinine and whiskey *ad libitum*.

Dr. Marsh explained that perhaps he had not been explicit enough in stating that he did not deny the occurrence of meningeal inflammation, but asserted that it was merely incidental, and not the starting point of the disease.

Several gentlemen took part in a lively running fire of debate, when Dr. O'Connor asked Dr. Hereford what proportion of his cases recovered.

Dr. Hereford.—Don't know, the majority died, never saw complete recovery from a well marked attack in an adult.

Dr. Records stated that he knew of one case of complete recovery in an adult, the attack being two years ago, and the man in perfect health since.

On inquiry, it appeared that the individual in question was now 18 years old, and Dr. Hereford claimed that that hardly put him in the category of an adult at the time of attack.

AFTERNOON SESSION.

At the beginning of the afternoon session, Dr. Elston spoke in support of the essay of Dr. Marsh, taking the ground, however, that cerebro-spinal fever, in the majority of instances, was of malarial origin.

Dr. Records stated that, in his opinion, this disease was an inflammation of the meninges, of specific origin, and non-contagious. Begins treatment with an active purge, usually of calomel; has tried ergot and belladonna but has no use in the world for them, nor for opium, except to relieve excessive pain; gives quinine only late in the disease and in tonic doses; depends on large doses of the Iodide and Bromide of Potassium with Calabar Bean and the Extract of Gelseminum and cold to the head. Did not lose a case during the epidemic of 1873, and believes that he undoubtedly had some cases of the disease. One patient, 18 months old, remained as deaf as a post after recovery, and another is deaf of one ear.

Dr. O'Connor.—As we do find the results of inflammation we are surely justified in asserting that it is an inflammatory disease. Some patients die in the chill of an invading pneumonia; we might as well argue thence that pneumonia is not an inflammatory

disease. Believes there was not a case of well-marked cerebro-spinal meningitis in Cass County, two years ago, that recovered. Believes that we seldom see a case that would bear the lancet.

Dr. Bogie.—Witnessed a large number of post-mortems in Philadelphia, some years ago, all gave evidence of a high grade of inflammation; nearly all those attacked there died. Has seen some cases here—results bad—believes it to be inflammatory—would not give nux-vomica.

Dr. Porter stated that two years ago he had seven cases, of which three died and one, (who afterwards died of small pox) remained entirely deaf. Has had two cases since, and in the latter obtained good results from Physostigma. Used it, timidly, in his earlier cases, with no benefit. In the last case but one, had forgotten what was the ordinary dose and ordered, to an adult, 14 drops of the tincture every four hours. Returned after a while, and found opisthotonos still persisting. Ordered 28 drops every two hours. On returning, found patient completely relaxed, but paralyzed in his lower extremities, and much depressed. Gave whiskey freely. Patient remained paralyzed for 48 hours and then recovered. Another case, a child, treated in the same way, also recovered. Believes physostigma a most valuable adjunct in the treatment of this disease and that we have not given it in sufficiently large doses.

Dr. Marsh inquired how the speaker believed that the physostigma acted.

Dr. Porter.—It is one of the most efficient depresso-motor remedies we possess. It also acts as a diuretic.

Drs. Lewis, Hereford, Denham, Lester and John Wilson all spoke on the subject.

Dr. Allen—It is evident that somebody must be wrong in this debate, for the two sides are irreconcilable. Believes the disease to be an essential fever, a condition that may or may not result in inflammation. Believes that in nine-tenths of the cases he has seen, there was no tendency to inflammation of the meninges of brain or cord. We have an adynamic fever, with a tendency to rapid waste of tissue, a toxæmia, this toxæmia produces paralysis of certain blood-vessels due to mal-nutrition of some nerve-centres. Believing this, would, of course, never bleed a patient attacked with the disease, nor give him calomel and jalap, nor nux vomica, unless it were weeks after, and probably not then. Opium, if used, must be given in large doses, sufficient to induce complete

narcotism and thus lessen circulation in the brain. The physiological action of calabar bean is not very well determined. Has given it in large doses ; it relaxed spasm for a time but not permanently. Has never seen convalescence established within a less period than five or six weeks under any treatment. Had about 40 cases and lost one in eight ; four suffered from bad sequelæ. Relies on Bromide of Potassium, sixty grains three times a day, and large doses of quinine, to control any malarial tendency and to reduce the temperature. Gives beef tea and brandy early in the disease.

Dr. Teed stated that his views on what he had termed "Meningeal Fever" were to be found in the KANSAS CITY MEDICAL JOURNAL for June, 1873. The severe pain in the head and neck, the elevated temperature, of 104° or thereabouts, the bloodshot eyes, etc., did not appear to the speaker to point to a condition of atony. Saw four cases of this disease in 1873, in all of them was called in early. In the one most severely attacked applied four leeches to each temple and kept up the bleeding from 7 to 11 o'clock P. M. Gave calomel, just as in any case of meningitis or traumatism threatening meningitis, 3 or 4 grains every hour or two for 12 or 16 hours. Used the arterial depressant, Tincture of Acconite and Bromide of Potassium in 60 grain doses. Has given this every hour for four hours, also hydrate of chloral. Later in the disease you may have a state of collapse demanding brandy and beef tea.

Dr. Marsh closed the debate in a very few words.

Dr. F. M. Johnson, of Platte City, then read an essay on "The Pathology and Causation of Idiopathic Pneumonia." The essayist took the ground that the exudation in pneumonia proceeded from the capillaries supplied by the nutrient or bronchial artery and not from those supplied by the pulmonary artery, as is claimed by some authors. He further stated his belief that idiopathic pneumonia was a specific disease, dependent on a specific poison peculiar to this disease, and that there was an essential difference between idiopathic pneumonia and that dependant on some accidental cause.

Dr. Elston asked, if a man's side was exposed to a current of air blowing through a crevice, and he should get pneumonia as a result, would that be idiopathic pneumonia, or what would Dr. Johnson consider it ?

Dr. Johnson.—Should consider it a coincidence. If the man

was all ready for pneumonia, with the poison in his system, this might be the exciting cause and determine the point of attack.

Dr. Schauffler—Was not aware that authorities attributed the effusion in pneumonia to those capillaries supplied by the pulmonary artery. Is decidedly inclined, on theoretical grounds, to adhere to the theory of Dr. Johnson on this point, though it is a matter that must be capable of demonstration, and therefore we ought not be confined to theory. As regards Dr. Johnson's theory of a specific poison causing pneumonia, does not believe it. The writer has adduced no evidence in favor of this view. Is inclined to think that Dr. Johnson has practiced so long in a malarial region, and seen so much of the influence of this poison in pneumonia, as to have been thus led to his present theory. We have all met with those cases, out here (which you will not see in a non-malarial region), in which a person may, for example, be attacked this evening with a violent chill, followed by fever, with pain in the chest and dyspnoea and all the physical signs of an invasion of pneumonia. To-morrow morning the signs may have all disappeared, to recur again to-morrow evening on the return of the chill, and either then or on the third recurrence to persist and develop the successive stages of a true pneumonia. Such attacks may frequently be broken up by large doses of quinine, preventing the recurrence of the paroxysm, and are, in fact merely paroxysms of intermittent malarial fever with a special determination to the lungs.

Dr. Teed called attention to that anatomical arrangement whereby the capillaries of the minuter bronchi and air-cells received blood, both from the bronchial and the pulmonary artery. Also to the fact that in the walls of the air-vesicles were the beginning of lymphatics. He asserted that croupous pneumonia is not a serious affection, while desquamative pneumonia is serious, like desquamative nephritis, leading sometimes to caseous pneumonia and phthisis. Buhl declares that the only way to recognise desquamative pneumonia is by the epithelium to be found in the sputa, which in croupous pneumonia contains only leucocytes.

Dr. Lester, speaking of the class of vessels that give rise to the exudation in the second stage of pneumonia (and taking it for granted that Dr. Johnson was speaking of croupous pneumonia) does not see why we may not take it for granted that both sets of vessels are engorged. But does not the exudation arise from the tissue of the organ rather than directly from the capillaries? As

to the causation by a specific miasm, as claimed by the essayist. Twelve men, not protected by vaccination or otherwise, exposed to the infection of small-pox will all of them contract small-pox. Of twelve men who go bathing, sit on the bank and "take cold," one will have ague, another bronchitis, another pneumonia, another intestinal catarrh, etc. This is evidence, as far as it goes, of the non-specific origin of the disease. Pneumonia is not very apt to be epidemic, as it ought to be if of specific origin.

The debate was further participated in by Drs. Denham, Chapman, John Wilson and others, and was closed by

Dr. Johnson. He urged, in favor the specific origin of the disease, that pneumonia runs a certain specific course, that it prevails mainly at certain seasons and in certain places. There is a marked difference in the disease when sporadic and when epidemic or endemic. Did not wish to claim for it a poison quite as peculiar as that of small-pox, but rather like that of malarial fever.

The President announced as the essayists for the next meeting, Drs. Dougherty, of Clay county, O'Connor, of Cass, J. T. Wilson, of Platte, R. L. Wood and E. W. Schaffler, of Jackson, and the delinquents to be continued.

Dr. Lester exhibited to the society a specimen of fatty degeneration of the heart, giving the history of the case.

An evening session was held at 7½ o'clock P. M., Dr. F. M. Johnson occupying the chair.

Dr. J. D. Griffith read a report of several cases of organic stricture of the urethra in the male, and one in the female, treated with rapid dilatation by means of tunnelled sounds, ———divulsor or Otis' ———. The histories of the patients were given in full, the methods of operation were described in detail, and the instruments used were exhibited to the society. The report was listened to with great interest and elicited quite a lengthy debate, participated in by most of the members present.

The society then adjourned to the first Wednesday in September.

SELECTIONS.

Obituary of Susan Dimmock, M. D.

By MARY PUTNAM-JACOBI, M.D., New York.

TO THE EDITOR OF THE MEDICAL RECORD:

SIR:—The accompanying article * was entrusted to me for publication by Dr. Susan Dimmock, just before her departure for Europe in the ill-fated *Schiller*. I had not yet fulfilled her commission when the news of her death reached us. This news is terrible, not only to Dr. Dimmock's personal friends, but to that still wider circle who had recognized her fine talents, and her great value therefore in the difficult enterprise of hewing out for woman an equal place in the medical profession. Dr. Dimmock graduated with honors at Zurich after the prescribed four years' term of study. Her thesis was written on the cases of puerperal fever she had had an opportunity of observing in the wards of the hospital. She has been practicing medicine in Boston a little over two years, but in this short time has already won for herself a deserved reputation among some of the best surgeons in the city. As resident physician at the New England Hospital, she has already performed many important surgical operations. A case of vesico-vaginal fistula was published in your columns some months ago. The brief note that I have again the honor of sending to you relates a successful operation on a child, on whom so distinguished a surgeon as Dr. Cabot had already operated in vain. Last fall, while on a visit to Boston, Dr. Dimmock showed me the photographs of another hospital patient, from whose neck she had removed a large sarcomatous tumor. The operation had been performed in the presence of the students of the hospital and of Dr. Cabot, consulting surgeon. After reading the record of the case, I mentioned a precisely similar operation that I had seen performed by Richet in the Clinique at Paris, and the letter, in which he described the great difficulties of removing a tumor deeply imbedded in so dangerous a locality. The Professor had seemed not a little proud of his success in coping with these difficulties, and had taken care that a numerous auditorium should witness his triumph. At this Dr. Dimmock laughed, and said, "I was asked why I had issued no invitations, but I had forgotten all about them." She added, "Indeed I have too little personal ambition to care who sees, when I am once assured my work is well done." The remark was characteristic of the modesty and simplicity that distinguished the young surgeon. She was as fresh and girlish as if such qualities had never been pronounced by competent authorities to be incompatible with medical attainments. She had indeed a certain flower-like beauty, a softness and elegance of appearance and manner such as is abundantly lacking in the women most eager to denounce surgical accomplishments as outrageously

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unfeminine. I have wondered whether she did not resemble Angelica Kaufman. Underneath this softness, however, lay a decision of purpose, a Puritan austerity of character, that made itself felt, though unseen. "She ruled her hospital like a little Napoleon," said a lady who had been there under her care. The ideal steadfastness, which is only possible in characters of this kind, was shown to me at my first interview with her, when she came—a girl scarcely out of her teens—to Paris, on her way to Zurich. We urged her to spend a few days in the capital, for the sake of the recreation to which American students usually consider themselves entitled before they settle down to their studies. Miss Dimock alone refused, for the reason, which she gave with the utmost frankness, that she had been obliged to borrow money in order to prosecute her studies, and did not feel justified in spending a cent of it for amusement or sight-seeing. She put forward all amusements into the future, until she should have won her university degree, and should have fulfilled a pledge of hospital service in Boston. Towards this horrible voyage of April, 1875, converged the pleasurable anticipations of nearly seven years. Among all the bright lives that have been engulfed in this dreadful shipwreck, none is more valuable than hers. Perhaps no woman's life of equal social value has met this tragic fate since the body of Margaret Fuller was washed ashore on the western coast of the Atlantic. For the success of the social enterprise of securing for women a place in the medical profession finally depends upon but one condition, the demonstration, namely, by repeated indubitable practical evidence, of their real fitness for each branch of its work. None are fitted for all, and both the surgical talents and surgical training of Dr. Dimock are certainly, at the present date, exceptional among women. It is on this account that her loss is literally irreparable, for at this moment there seems to be no one to take her place. Many battles have been lost from such a cause. But although ours be ultimately won, we would not if we could, grieve less loyally for this girl, so brilliant and so gentle, so single of purpose, and so wide of aim, whose life has been thus ruthlessly uprooted and thrown upon the waves at the very moment it touched upon fruition.—*N. Y. Med. Record.*

The So-Called Sympathetic Nervous System.

There is an old saying that "Truth crushed to earth will rise again;" but the trouble with error often seems to be that human power cannot crush it. For many years the so-called sympathetic nervous system has been the ever-ready slop-shop of the baffled pathologist, out of which he has drawn ready-made explanations for all the more recondite diseases of the human system. To be sure, the garments often did not fit very well, and the winds of controversy swept through their numerous rents with chilling force, yet to many minds a sham seems better than the open nakedness

of confessed ignorance. Recently those imaginative children of the present—the electro-therapeutists—have also availed themselves of this mysterious entity, and by galvanization of the sympathetic have cured all manner of human ills, almost making, according to their own reports, the blind to see, the deaf to hear, and the lame to leap as a hart. If, however, there be anything at all established by modern investigations, it is that the sympathetic nervous system is a human invention; yet teachers and writers still continue to wrap themselves in the tattered rags of old opinions, physiological text-books drive more deeply the fastenings of error by elaborate chapters on the subject, and even the greatest of all English prizes is offered in the year of our Lord 1875 for an essay on the “Diseases of the Sympathetic Nervous System.” Surely, then, our readers will pardon our occupying a brief space with the discussion of this Old-World myth.

The name sympathetic is a highly suggestive one, redolent, in its mysterious, undefined comprehensiveness, of those mediæval days when “nature abhorred a vacuum.” In itself it has been a priceless treasure to those who were determined to explain everything, and a stumbling-block in the way of those who, with the true humility of modern science, contend that it is better to leave the unknown as unknown than to theorize far beyond the known facts. It is easy to talk grandiloquently concerning the sympathies of the organs and this wonderful network of nerves that permeates and unites them all. The offspring of error, the name has become the progenitor of error. But let this pass; accepting the appellation as hopelessly fixed by custom, let us inquire as to the existence of the thing named.

There are undoubtedly in various parts of the body certain anatomical structures—masses of ganglionic nerve-matter connected by nerves and giving off nerves—to which the term has been applied. The question is not, however, whether there are any structures, but whether these constitute a nervous system capable of independent action and having a unity of function.

A nervous system must of course contain afferent nerves running from the periphery to the centre, which receives their transmitted impulses, and sends them back through other nerves to the periphery again. A nerve and a ganglion do not form in themselves a nervous system, else the posterior roots of the spinal nerves and their ganglia are worthy of such dignity. Where, then, is the afferent nerve of the “sympathetic nervous system?” In the posterior nerve-roots and their continuation as the ordinary nerves of sensation alone exist any nerve-fibres which are capable of transmitting a peripheral irritation so that it may reach the sympathetic ganglia. In other words, the afferent nerve of the so-called sympathetic system is a cerebro-spinal nerve passing up into the medulla oblongata. If the nerve and its connection be intact, an impulse started in its periphery passes up to the medulla, down again through the cord, out with an efferent cerebro-spinal nerve, and on

through one or more of the so called sympathetic ganglia to the vessels of the body, producing a contraction of them. If the spinal nerve be cut, if the spinal cord be divided, or if the efferent spinal nerve or the so-called sympathetic ganglion be injured, the impulse which has started at the periphery of an ordinary nerve is unable to reach the vessel and produce its effect. In other words, there is here a true physiological nervous system,—the vaso-motor,—anatomically composed of an ordinary sensitive nerve, a portion of the cerebro-spinal axis, an efferent spinal nerve, and a sympathetic ganglion with its nerves. The so-called sympathetic nervous system forms merely a subordinate portion of this complete system, which is in its origin cerebro-spinal.

Nor is there in the sympathetic ganglia any unity of function. It has recently been established that there is a nervous system that controls calorification,—*i. e.*, nutrition or the chemical movements of the tissues,—independent of the circulation and respiration. If this is to be acted upon, it is an ordinary spinal afferent nerve that transmits the impulse to the chief centre of the system, which is placed somewhere at the base of the brain. The outward track of this impulse is down through the spinal column, out along the spinal nerves, and in all probability through the sympathetic ganglia to the various organs and tissues of the body.

Again, if the upper cervical sympathetic ganglion be divided, the iris contracts; if it be stimulated, the iris dilates; if the thoracic ganglia be injured, the heart manifests the result; and the intestinal movements are directly under the control of the splanchnics.

Evidently the so-called sympathetic ganglia are only portions of various physiological nervous systems, and are nothing but reinforcing nerve masses situated upon the tracks of efferent nerves, corresponding, it may be, to the posterior spinal ganglia on the afferent nerves.

If we view the human organism from an anatomico-physiological stand point, there is evidently but one nervous system,—namely the cerebro-spinal,—since all centers in the cerebro-spinal axis, but if we adopt a purely physiological point of view, there are a number of nervous systems, all finding their centres within the cranium. Of several of these—the vaso-motor, the cardiac, the intestinal, and the chemical—the sympathetic ganglia evidently form a part. It will probably be found that these outlying nerve-masses are also connected with nervous systems not yet known. The only safe method of progress is, however, simply to make the best use of known facts, not to build theories out of the mere pasteboards of imagination. It is high time, therefore, that we ceased to speculate concerning the sympathetic nerves, discussing simply the influence of vaso-motor, chemical and other nerves, and trying, by experiment, to discover what else of importance there is in that tangled bundle of possibilities, the so-called sympathetic ganglion.—[Editorial, *Phila. Med. Times.*]

Concerning the Rapid Regeneration of the Red Globules of the Blood.

[From the Gazette des Hopitaux, January 26, 1875.]

In a memoir recently presented to the Academie des Sciences Dr. Rabuteau, in pursuance of his investigations, took up again the question relative to the acidity of the gastric juice. He succeeded, what has not heretofore been attained, in isolating and measuring directly the hydrochloric acid, which, according to the lessons of Prof. Wurtz, dean of the Faculty of Medicine, and according to M. A. Gautier, chief of the laboratory of biological chemistry, is in reality the free acid which exists in the gastric juice. The importance of this physiological datum in reference to ferruginous medication may be readily appreciated. It is this fundamental datum which inspired Dr. Rabuteau, already during several years, with the idea of making researches on the part played in the organism by the chlorides in general, and particularly by alkaline chlorides and the protochloride of iron. The results of physiological experiments and of numerous observations in the hospitals of Paris have demonstrated :

1. That iron, in order to be absorbed and entirely assimilated, must first be transformed in the stomach into the protochloride.
2. That the protochloride of iron regenerates the red globules of the blood with very great rapidity.

These earlier investigations having been already published we will not recapitulate. But we believe it will prove useful to our readers to put before their eyes the more recent results which give an idea of the rigorous exactitude of the methods of science at the present day.

A distinguished physiologist, Dr. Malassez, has invented an apparatus to which he has given the name of *compt-globules*, and which permits the exact number of globules, contained in a given volume of blood to be determined (*Comptes rendus de la societe de biologie*, '72). By this means it is possible to follow with precision the progressive regeneration of the red globules under the influence of ferruginous medication. This ingenious apparatus enabled divers hospital physicians to verify the therapeutic value of the protochloride of iron administered in a pure and proper form. From among the observations made on this subject, we will content ourselves with reporting the following which is full of interest.

The subject of observation was a young woman profoundly chlorotic, admitted into Necker hospital, ward Sainte-Anne, and subjected to treatment and observation on the 4th day of December. Her blood, examined by the *compte-globules* of Malassez, contained only 2,919,000 red globules per cubic millimetre, the normal average being about 4,500,000 per cubic millimetre (figures given by M. Malassez). She took morning and evening, at meal

time, two Dragees containing each 25 milligrammes of protochloride of iron of Rabuteau. Successive examinations made up to the 24th of December, the day of leaving the hospital, gave the following results:

Number of red globules per cubic millimetre.

December 4, (day of admission)	- - -	2,919,000
" 7,	- - -	3,486,000
" 12,	- - -	3,696,000
" 24, (day of discharge)	- - -	4,578,000

The patient, therefore, gained in twenty days, 1,659,000 globules per cubic millimetre, in other words 82,950 red globules per cubic millimetre of blood on an average every day. We should add that during the treatment the appetite was excellent; there was neither diarrhoea nor constipation. In addition to this interesting observation, we will relate the three following communications:

A. (observation of Dr. Anger) Mrs. X., aged 33 years, mother of four children, has suffered for several months with the most marked symptoms of confirmed chlorosis. Characteristic discoloration of the skin and mucous membrane, repeated palpitations of the heart, menstrual derangements with leucorrhœa, loss of strength, appetite variable, capricious, digestion distressing, painful tumefaction of the epigastric region, neuralgic pains, frequent desire to cry, etc., etc. After having undergone, without benefit, diverse methods of ferruginous treatment, she was put upon the Dragees of protochloride of iron of Rabuteau, and in fifteen days experienced so much relief that she considered herself cured. Her nervous condition was rapidly ameliorated, her digestion became regular and her strength reappeared. Treatment was continued for a few weeks more and recovery confirmed. In spite of a large dose of eight Dragees a day which the patient took, no constipation was manifested.

B. Henri Gripat tried in a number of cases of chlorosis the protochloride of iron, either in the form of Dragees or in the form of elixir. The general results of his observations were the following: The protochloride of iron was always perfectly digested, produced no gastralgia, no cramps, no eructations, no constipation, no diarrhoea, in a word it was always perfectly tolerated. Under the form of elixir it was remarkably successful.

C. Dr. Louis Gavandan, doctor of colonisation at Oued-Zenati (Algeria), practices in a country with a very debilitating climate, in which cases of anæmia, cachexia and chlorosis are frequent and inveterate. In the habit of administering iron in all its forms, he has ascertained that protochloride of iron re-establishes more rapidly than any other preparation subjects profoundly anæmic, and that "the Dragees act moreover quickly and do not produce constipation."

In presence of these exact experiments, and of these conclusive clinical observations, it may be affirmed that the Dragees and

the elixir of protochloride of iron of Dr. Rabuteau are eminently hematopoietic, since it is shown that these preparations regenerate the red globules of the blood with a rapidity which has never been observed in the employment of any other ferruginous preparation. We will conclude by borrowing from the excellent work of Dr. Ferrand, physician to the hospitals, the following passages, which lend a considerable support to the above mentioned facts.

"The protochloride of iron is the salt which ought oftenest to be prescribed, since it is necessary that iron should be changed into this form in the stomach in order to be absorbed into the blood. The other salts of iron undergo a decomposition which is manifested by the passage of iron in the excrementitious matters, through the biliary ducts. In regard to the salts of the organic acids, often considered as most easily assimilated, it is to be feared that they may become transformed into the insoluble carbonates, capable of causing drainage in the tissues in the character of foreign bodies; it is therefore better not to prescribe them."—*The Clinic*.

The Pathological Anatomy of Erysipelas.

By L. PUTZEL, M. D., New York.

During the last few years medical literature has been teeming with discussions on the bacterial origin of disease. Of late, the relations of these organisms to the production and propagation of erysipelas have been an especial subject of investigation, and during the autumn of last year, Von Recklinghausen and his pupil, Lukomsky, affirmed, as the result of their labors in this field, that micrococci were the active agents in the development of erysipelas. In view of the statements recently made in opposition to these views, by such distinguished pathologists as Robin and Billroth, the following resume of the elaborate researches of Dr. Ponfick, assistant in the surgical clinic at Heidelberg, which were made in 1866, but which have never before appeared in English, will probably prove of interest to our readers. It is condensed from a series of articles in the *Deutsche Klinik*.

Dr. Ponfick examined eleven cases of erysipelas, of which only three were typical examples of the disease, five being attended with serious complications, while in three cases the erysipelatos inflammation played an unimportant part in producing the fatal termination. In addition, Dr. Ponfick inoculated the seropurulent liquid from an erysipelatos vesicle under the skin of two rabbits, and after a short illness, attended with high temperature, *post-mortem* examination showed appearances identical with those now to be described as having been found in the fatal cases of erysipelas.

The condition of the organs in the latter disease was as follows:

Heart.—Flabby, friable, pale color. The transverse striæ of the muscular fibre had partly disappeared. There was finely-granular, and, in marked cases, fatty degeneration of the fibrillæ

Muscles of the trunk and extremities were in the same condition as the heart, but the morbid changes were not so marked in degree.

Spleen.—Some degree of enlargement and softening was always present. The parenchyma was bright red, soft, often almost fluid; Malpighian bodies mostly plainly visible and hyperplastic.

Portal and Mesenteric Glands.—Usually swollen, injected and hyperplastic.

Liver.—This presented the evidences of acute parenchymatous inflammation (cloudiness, enlargement, paleness, friability). The liver cells were swollen, and contained albuminous and fatty granules. The nuclei were frequently indistinct, sometimes absent. In marked cases, the cells were completely filled with fat and pigment granules.

Kidneys.—Had likewise undergone acute parenchymatous inflammation (cloudiness, enlargement, pallor, friability); they were usually anæmic, especially the cortex. Epithelium of tubules in first stages somewhat swollen, dull, shining, and cloudy from the presence of albuminous and fatty particles. In advanced stages the cells were filled with a greater number of fatty particles; the nuclei were mostly pale and cloudy, sometimes increased in number, sometimes absent.

Blood-Vessels.—The endothelial cells were swollen and cloudy; nucleus pale and indistinct, sometimes two present, sometimes none. In more advanced cases the cells contained well marked, sharply-refracting oil-granules, and were sometimes entirely degenerated. The tissue of the tunica intima was infiltrated with large and small fat-granules, chiefly diffused between the bundles of elastic fibres; a considerable amount of free fat was also present. In only two cases was the middle coat examined, and in these the muscular fibres were clouded by numerous fine granules.

Changes similar to those just described were also found in the organs of those who died from diseases other than erysipelas, but which were attended by prolonged high fever.

It is, therefore, highly probable that the blood-vessels (three inner coats), heart, muscles, and large glandular viscera, become affected by acute parenchymatous inflammation in erysipelas, as well as in other diseases accompanied by continued high temperature.

May not the hitherto inexplicable hemorrhages in the various organs and tissues of the body after severe and prolonged attacks of erysipelas, typhoid fever, variola, scarlatina, pyæmia, etc., stand in causal relations to the above described changes? Prof. Weber has shown that by the absorption of pyogenic matter the blood becomes an "inflammation-producing" fluid. It is, therefore, but natural that in erysipelas this quality of the blood should first act upon the vessels, and then upon the spleen, liver, and kidneys—organs which are so necessary to the production of blood—*N. Y. Med. Journal.*

Clinical Observations on the Use of Pessaries in the Early Months of Pregnancy.

BY ALBERT H. SMITH, M. D., PRESIDENT OF THE OBSTETRICAL SOCIETY OF PHILADELPHIA.

While the subject of retroversion of the gravid uterus as an accident of pregnancy, attended with the serious and even in some cases fatal results consequent upon it, at an advanced period of gestation, has been thoroughly studied and discussed, the influence of previously existing displacements upon the retaining capacity of the uterus in the early months seems to have been overlooked, or at least only vaguely suggested, until attention was called to it by Dr. Phillips, in the *Obstetrical Transactions of the London Society*, in his interesting paper on "Retroflexion as a Cause of Abortion." No doubt most obstetricians and gynecologists having any extended field of observation had noticed the relation existing between habitual abortion and uterine maladies, but no author had before definitely laid down the displacements of the womb as a positive prevention of the development of the ovum.

While recognizing the services of Dr. Phillips in directing attention to this important subject, and making valuable suggestions as to the prevention of the accident when arising from such a cause, I must differ from him as to the exact nature of the uterine deviation which is likely to give rise to abortion. "Retroflexion," which he describes as the condition found in his cases, is not, in my opinion, either from theoretical probabilities or from practical observation, likely to be the condition present in habitual abortion. A flexion of the uterus, being in its strictest sense a bending of the axis of the womb at or near the union of the body with the anatomical neck, must to a certain extent in all cases, and positively in women who have never before been pregnant, be attended with a deficiency in the calibre of the canal at the point of flexion. As a result of this condition, there must be a mechanical obstruction to the passage of fluids in either direction; hence, we have dysmenorrhea and sterility as constant attendants upon flexions of the uterus of whatever sort. And I may say that in my experience, either in private or public practice, I have never found a woman with a uterine flexion as a condition existing previous to marriage who had not decided dysmenorrhea, or who became pregnant until her flexion was rectified by mechanical means, either by straightening out with sounds or dilators, or more frequently by raising from the floor of the pelvis by properly constructed pessaries. If, however, a woman with such flexion should have had her cervical canal dilated before by parturition, or as a virgin, should fortunately have had a canal large enough not to be obstructed by the flexion, and should become pregnant, I can see nothing in the essential nature of that deviation to interfere with her retaining her ovum, unless the flexion be at the same time

complicated with a retroversion, which is by no means a necessary complication, as flexions of the uterus are constantly found when the axis of the body of the organ maintains its proper relation to the axis of the pelvis. In a simple flexion the deviation is at a point below the cavity containing the developing ovum, and can scarcely possibly interfere with its mechanical or physiological enlargement under the steadily increasing stimulus of pregnancy; and further, we would reasonably expect that when a retroflexed uterus became occupied with an ovum, the gradual enlargement of the body would steadily and easily overcome the faulty relation without in any way diminishing its retentive power.

In a retroversion, however, we have a very different state of things; the patulousness of the os and cervix are not in any way interfered with, there is no obstruction either to the exit of the menses or to the entrance of the seminal fluid; therefore, we have not in this displacement either dysmenorrhea or sterility, unless the case be complicated with inflammatory action, when we might have the former as a congestive condition, and the latter from occlusion of the cervix by plugs of viscid mucus. When the uterus becomes impregnated then we have again a different result from that of retroflexion; the uterus being in an unnatural position with relation to the pelvic organs and being pressed downward and backward by the superincumbent mass of intestines, operated upon not only by their weight but by the tonic contractions of the abdominal muscles; its fundus thrust back toward the sacrum; its ligamentous attachments, instead of holding it suspended firmly and sustaining it with a mobility just sufficient to accommodate it to the unavoidable movements of the body, now relaxed and useless, allowing it to be jostled rudely about, and irritated by every change in the relation of the surrounding organs; in such a condition of things the retentive power of the uterus must be stronger than it usually is in a primiparous woman to continue its development, resisting the influences which from the first operate to set up an irritability in its tissues, and later, as its enlargement goes on, forcing its fundus gradually upward along the sacral curve, and overcoming the many hindrances to its ascent in the upper pelvis. If the true pelvis be specially roomy, or the hollow of the sacrum unusually developed, then we have the growth of the uterus much more easy up to the point at which it becomes impacted in the pelvis, and being now too large to get through the strait it calls attention to the alarming situation by the pressure upon the bladder of its lower segment. Its cervix is now retroflexed truly; because, being bound down toward the anterior pelvic wall, and at the same time forced upward by the mass of the enlarging womb, it can only accommodate itself to the condition by bending at an acute angle to the body far up behind the pubic bone. Here then we have the well-known and long-recognized malady described exclusively as retroversion of the gravid uterus: and yet, as we have seen, only an aggravated form of what has existed from the outset of pregnancy, only allowed to run on

to such a period of gestation by the peculiar anatomy of the pelvic canal.

That uterine displacements are often complicated with cervical inflammation and endometritis, holding to these diseases the relation of an effect to a cause, and that in such cases if pregnancy is not impossible (which it no doubt frequently is) abortion will recur as regularly as the womb is impregnated, I am quite ready to admit, as well as that the patients so affected can only be relieved from habitual abortion by treatment directed to the inflamed uterus, the displacement disappearing as its cause is removed. But I cannot agree with Dr. Barnes that pure and uncomplicated cases of displacement are so very rare. I have seen many of them presenting in young, married women, and resulting in abortion, or in some cases, when the retroversion was very marked and the cervix forced upward behind the pubis, in sterility; both conditions persisting until the displacement was rectified by mechanical support long enough to enable pregnancy to advance beyond the fourth month; cases in which no sign of uterine disease had ever been present, or any disability had drawn attention to the organ other than these evidences developed by married life. Out of the whole number of such patients whom I have seen during my professional life, I select three illustrative cases, all of which have occurred to me during the past year.

Case 1. Mrs. L., aged 21 years, had been married one year, during which time she had two abortions at three months each. Previously to her marriage she had been in absolutely robust health, having never been sick in bed a day since her early childhood; had had no irregularity of menstruation, either as to time, quantity, or pain; had never had any disability except that from about fourteen years of age she instinctively avoided carriage riding or horseback exercise, from a little discomfort in her sacral region which attended these modes of travel; but as a walker she was rather noted among her acquaintances, and could dance or run with entire freedom from pain; had never had any leucorrhea. The abortion had resulted from no appreciable imprudence or accident of any kind. Her second abortion produced intense moral depression, and she placed herself under my care in reference to a prevention of a return of the trouble. On examination I found the uterus completely involuted with a very marked retroversion; the fundus rested in the hollow of the sacrum, while the os pointed toward the pubic arch; there was no engorgement or tenderness of the womb; the cervix was soft, of normal size, and its mucous membrane perfectly healthy. There was no flexion. I introduced a lever pessary, modified by Hodge; in eight months she again became pregnant; caution was insisted upon as to her abstinence from active exertion during her early months, and absolute rest during the week of every month when she would have a return of her ovular excitement. She passed without any threatening of trouble to the fifth month of gestation, when the uterus being well supported by the pelvic brim I removed the pessary and she

was delivered in October last of a living child. After the introduction of the pessary, the symptoms of displacement which had prevented certain kinds of exercise disappeared, and for the first time since childhood she could enjoy driving, either in a light or heavy carriage.

Case 2. Mrs. H., aged 22 years, had been married eighteen months when I was called upon to take charge of her in her third abortion, she being then about three months pregnant. This was in February, 1873; she had no trouble after her abortion, and feeling so perfectly free from any symptom of local trouble, attributing her misfortune to some over-exertion, my suggestion as to the necessity of investigating her case was not accepted. In May she passed her catamenial period without any show. Symptoms of pregnancy being decided, I placed her in bed, and kept her at absolute rest during the week of each month, allowing no more liberty than a reclining position on a couch in the interval. In July signs of abortion came on suddenly, preceded by some pelvic fulness and discomfort, and, in spite of every effort to prevent it, she expelled her fetus at about three months and one week. She recovered well from this abortion, spent a few months in traveling, and on her return to the city in October I insisted upon her having an examination as to the condition of her uterus. Being greatly disappointed in her past failures, she was quite willing. I found a marked retroversion of an otherwise perfectly normal uterus, no flexion, no inflammatory symptoms; she had not at this time, nor had she had previously at any time of her life, any discomfort or disability from her pelvic organs; was a woman of remarkable vigor and blooming health; very active in her habits, a great walker, and enjoying driving and horseback riding without restraint. I introduced a lever pessary, which she wore without any consciousness of its presence, as she had before no feeling of its need. In November she again became pregnant; I made no restriction upon her habits except during the week of each month, then requiring her simply to keep her room. She passed the usual period of her trouble without a symptom, the pessary was removed at five months, and she was confined after one hour's labor of a fine child in the following July of last year.

Case 3. Mrs. K., aged 26 years, married in May, 1873; had had some pain from her catamenia before marriage, but perfectly healthy otherwise. Became pregnant in October, had some pelvic distress from the end of the second month began to have hemorrhage, at three months, lasting a week, when she sent for me to relieve her from a partially completed abortion. I found a very marked retroversion, without flexion, in removing the ovum, and after her recovery, suggested the necessity of rectifying it, but she felt so entirely free from any inconvenience or signs of disease that my advice was not acted upon. In March, 1874 she again became pregnant; at two and a half months she developed the same sense of pelvic fulness and distress as before; at three months a slight show made its appearance,

attended with greatly increasing pain in the hypogastrium and sacral region; I insisted upon an examination; found a marked retroversion, introduced a *lèver pessary*, which gave her *instantaneous* relief, to her great astonishment; the rise of the fundus in the axis of the pelvic brim being followed by the immediate subsidence of her pain and the arrest of her bleeding. She kept her bed for a few days, but after that exercised without any restriction, ten days after the reposition going with a party of friends to the seashore. After five months I removed the pessary, and she was confined in December, 1874, of a living child. As may be here mentioned of the other two cases, she was kept upon her couch without resting upon her feet for three weeks after her delivery, and, with the same results as they, has had no symptoms of any uterine trouble. This rule, which I insist upon with the happiest effects in all cases of labor, I enforce with special earnestness when there has been any evidence of displacement or inflammation before the occurrence of pregnancy; believing as I do that it is of the utmost importance that the weight of the uterus should not be brought to bear upon relaxed ligaments until the organ has fully completed its involution.

Here then are three cases, each one illustrating a peculiar point in reference to the subject of this paper. *Case I.* simply proves the influence of retroversion in causing abortion, and the successful effort at prevention by the use of the pessary. *Case II.* proves, in addition, that mere rest upon the back, though maintained absolutely, failed to do what the reposition of the organ accomplished easily, with scarcely any restriction upon the ordinary habits of life. *Case III.* still further gains upon the other two in solving the problem of Dr. Phillips in his paper as to what we are to do when impregnation has already occurred before reposition has been affected. When the condition is recognized, and we have reason to fear its results if not remedied, or even, as in the case reported, if positive symptoms have developed of an effort on the part of the uterus to rid itself of the ovum, why should we hesitate about replacing the organ, and retaining it in place by an instrument so absolutely innocent and free from possible objection as a properly constructed pessary? I have raised in two instances the retroverted uterus of four or five months' gestation, impacted in the pelvis, by gradual pressure of a *colpeurynter*, without disturbing the relation of the ovum; surely there can be no risk in gently raising a uterus of three months, moving as it then does freely in the pelvis.—*Obst. Jour. Gt. B. & I.*

Anæsthesia in Natural Labor.*

Dr. C. C. Matteson (Paris letter *Chicago Med. Examiner*, May 1) gives Prof. Pajot's views upon the subject of anæsthesia in natural labor. He examines the subject under three propositions;

* Although not agreeing, by any means, with the authors views, we cannot deny to our readers his humorous argument.—[ED. JOURNAL.]

How, and when are anæsthetics given, and what are the results obtained in natural labor?

The first question—how is it given—he quotes from advocates of the procedure to show that enough chloroform is not given to produce anæsthesia; or, if the full result is produced, it is done at the risk of the life of the patient; in the latter case he accuses the accoucheurs of negligence; in the former “It is homœopathy!”

As to the question when it is given, he states that it is only at the third period, that of expulsion, that any benefit can be derived from *true* anæsthesia, and that the administrator is deprived of the possibility of directing the efforts of the mother. They do not give chloroform during the last hours of dilation, the part of labor worst borne, the very time, if any, that true anæsthesia is indicated.

Concerning the results obtained by the advocates of anæsthesia in natural labor, Prof. Pajot affirms that the pretended semi-anæsthesia is only a delusion. He quotes the indications of the approach of insensibility, from one of the advocates of the procedure: “There is a roaring in the ears that exists in nearly all the cases, and which, when it exists, appears to us to indicate that they have reached the state of semi-insensibility.” Here are his sarcastic remarks: “Here is the indication, precise, scientific! They ask the woman, ‘Have you a noise in the ears?’ ‘No, sir.’ ‘Then you are not semi-insensible.’ ‘And now?’ ‘Yes, sir.’ ‘Good, you are now semi-insensible.’ This recalls involuntarily the famous dialogue: ‘Are you deaf and dumb?’ ‘Yes, Sir.’ ‘Very good.’”

That no accidents have resulted from chloroform, in this semi-anæsthesia, he says, is as astonishing as the fact that no deaths have been produced by bread pills! It is good as a temporizer only. In illustration of this point he gives the following from his own practice:

“I delivered, some fifteen years ago, a primipara, granddaughter of a dowager of seventy-five years. This aged dame, person of grand airs, as noble as dry, and as dry as impertinent—rare circumstance, for old families are generally of great politeness to us poor wretches, uncouth but useful—this respectable personage assisted at the labor. The expulsion advanced but slowly, the vagina being narrow and rigid, the perineum and the vulva resisting. The good but interrupted contractions discouraged the young woman. ‘My dear,’ said the dowager to me (it was the first time she had ever seen me), ‘one of my friends has a medal that is good for delivering all women. Shall I go for it?’ ‘Why not, madame,’ said I, with deference, only too glad for this unexpected aid. The carriage departed, and half an hour afterwards, when they announced the return of the noble grandmother, I gave the patient twenty five centigrammes of ergot prepared in advance. The medal was placed on the breast of the girl and twenty minutes afterward the labor was ended. During an hour the dowager deafened us concerning the suddenness of this miracle, and, head

under the knife, she would have proclaimed the virtues of this talisman. It has served many times since; perhaps not always with such wonderful success."

His conclusions on the use of chloroform in natural labor are these:

The dangers and disadvantages of *true* anæsthesia in natural labor appear to be greater than the advantages. The pretended *semi-anæsthesia* is useless. It is a placebo, and may be used to gain time when there is need for nothing else. Women may be induced to think that they would have suffered more without it. For women in child-bed it will be like Providence, whom one thanks when he breaks one leg—both might have been broken!

A Novel Treatment of Obstinate Vomiting in Pregnancy.

BY EDWARD COPEMAN, M.D., F. R. C. P.

Senior Physician to the Norfolk and Norwich Hospital, President of the British Medical Association.

In furtherance of the views I expressed at our last annual meeting of the Association, *that practical knowledge should be freely communicated to the profession through our Journal*, and which I still urge upon the attention of our members as a valuable means of effecting improvement in the treatment of disease, I forward three cases which have occurred recently in my own personal experience, and which, if further corroborated, may open a wide field of usefulness in the treatment of a very obstinate, rebellious, and sometimes fatal form of sympathetic disorder. The disease to which I refer is urgent sickness in connection with pregnancy, which is now and then so severe as to render premature delivery necessary to save the life of the mother. During a long professional life, I have had much experience of this troublesome affection, and amongst medicines have found calumba and oxalate of cerium the most beneficial; but these and all other medicines often fail, and the treatment suggested by the following cases, discovered by accident as it were, and never, as far as I know (although nothing is new under the sun), employed before, promises some chance of our being able with more certainty to overcome this very threatening concomitant of pregnancy.

On June 9th, 1874, I was summoned to a lady, thirty-five years of age or thereabouts, to consult with two other practitioners already in attendance. She was about six months gone in pregnancy, and was so reduced by almost incessant vomiting that great fears were entertained as to her safety. I noticed there was slight uterine action accompanying the sickness, and, on examination, I found the os uteri partially dilated so as readily to admit

the finger. I thought it right under the emergency to advise bringing on labor without delay ; the gentlemen present, however, expressed no little apprehension as to whether or not she would have strength to undergo the effort of parturition on account of the very depressed and exhausted state of her system. They nevertheless concurred in the advisability of the course I recommended, and asked me to perform the operation. I at once dilated the os uteri as much as I could with the finger, and could feel the membranes and the head of the child. I tried to rupture the membranes with a telescopic female catheter (the only instrument at hand), but they were so flaccid and the head offered so little resistance, the catheter shortening itself also on my making pressure, that I could not succeed ; and thinking it wise to wait awhile before resorting to any other expedient, we retired to another room for further consultation. In about one hour, we saw the patient again, and were surprised to find that a longer period had elapsed without sickness than before ; and we again waited, in the hope that she might be able to take a little nourishment, and so be better prepared to undergo any further proceeding. We waited another hour, and another, but there was no return of vomiting ; and we spent the rest of the night in watching, during the whole of which time she was improving, and we determined to let well alone. I left her early in the morning, and had a favorable account of her a few days afterwards. There was no return of sickness : she went on to the full period of pregnancy, was then delivered of a healthy child, and made a good recovery.

This case made a strong impression on my mind ; and I wondered whether the relief to the vomiting, so urgent and threatening to her life, could have been effected by my having dilated the os uteri, and thus removed any undue tension that might be producing sympathetic irritation. It was not long before I was called some distance into the country to consult about another case of vomiting during pregnancy of great urgency, occurring about the second month. The surgeon in attendance had adopted the best acknowledged medical treatment, and had arrived at the conclusion that artificial delivery would be necessary to save her life. With the full recollection of the former case, I examined the uterus, and found some degree of anteversion and the os patent enough to admit the end of my finger. I forthwith dilated it as much as I could, passing my finger all round, removing all puckering and making a smooth edge. She vomited only once slightly after this proceeding, and we left her with the understanding that, if the sickness continued, I should be summoned again in a few days to bring on abortion. This summons never came ; but in about a fortnight I had a letter from the husband, stating that his wife began to get better an hour or two after I left, and that the sickness had entirely ceased. I have heard several times since that the patient is going on remarkably well, and I believe she expects to be confined some time this month.

A third opportunity has since offered itself for trial of this

novel (as far as I know) treatment. On the 6th of this month (April, 1875), I saw, in connection with a very intelligent country practitioner, a lady in delicate health just entering the eighth month of pregnancy. She was the mother of nine or ten children, and her life was valuable. Generally during early pregnancy, and sometimes for several months together, she had been troubled with vomiting; but during the last three weeks, the sickness had been almost incessant; she could keep nothing down, and was in a very feeble and emaciated condition. She had moreover a considerable amount of albumen and some pus in the urine, a few casts also; and fears were entertained of there being extensive kidney-disease. There was, however, no dropsy, and our opinion was somewhat modified by the knowledge that the urine does often, during pregnancy in the latter months, contain a good deal of albumen. The patient was so ill, that she would willingly have consented to artificial delivery, if really necessary. I examined the uterus, and, as in other cases, found it patent, puckered and dilatable, and I dilated it as much as I could with my finger in the hope that sickness might cease after such a proceeding. I should say that the usual remedies had been carefully employed without producing the desired effect. A few days after my visit, her husband called upon me to say that his wife had no return of sickness after I left, and was now able to take food without inconvenience, although he still thought her very weak and ill and feared she would not recover.

On the 23d, I received a very satisfactory letter from the surgeon in attendance, to the following effect: "I am exceedingly glad to tell you that Mrs. — was confined yesterday. I should think it is not more than an eight months' child, still it looks healthy and strong. You may most certainly add her case to the others you related to me. *There never was any urgent sickness after you dilated the os uteri*, and the last week Mrs. — has frequently taken with relish and no inconvenience solid food, such as boiled mutton, with asparagus, and drank home-brewed beer. This morning she was going on quite well; she was not even faint or at all exhausted after her labor. I am very glad I called you in, for I now know how to proceed with cases of sickness in pregnancy. Should I meet with any more patients, I will either ask you kindly to meet me again, or report them to you."

This subject appears to me of so much importance, that I send my cases for publication without waiting for further experience or attempting to explain the *modus operandi* of the treatment suggested. It is my intention to communicate further on the matter when I have more thoroughly digested it myself; and I will not fail to report any future success or failure that may come under my observation. I trust, moreover, that others who may be induced to pursue the same plan of treatment will report their experience for the guidance and instruction of the profession.—*British Med. Journal*.

KANSAS CITY MEDICAL JOURNAL.

E. W. SCHAUFFLER, M. D., EDITOR.

EDITORIAL.

The Administration of Chloroform During Sleep.

The question of whether or not chloroform-narcosis can be induced during sleep, is one that has elicited some little discussion of late years. I therefore think it worth the while to contribute my mite toward the affirmative of the proposition.

On the 6th of April, 1875, Mrs. D. C. Bennett brought to me her little girl, about four years of age, who had passed a pebble into her nose. After a few futile efforts to seize the stone with forceps, or to pass the curved, flat end of a probe behind it, and after attempting, in vain, to wash it forward by injecting water into the other nostril, I determined to give the child chloroform. She is an extremely nervous little thing, and was excessively terrified and excited by the attempts already made at removal. I therefore readily acceded to her mother's request that she be allowed a little time to rest and recuperate.

Tired out, as she was, the child soon went to sleep, and was laid upon the lounge. I then began to administer to her the chloroform, upon a handkerchief, in the usual way. As I expected her to wake up, I observed no special precautions. To my great satisfaction, however, she did not awake, but passed very quietly under the influence of the anæsthetic. The pebble was now readily removed and proved to be three fourths of an inch long by half an inch wide and one-quarter thick. The little patient continued to sleep for an hour or two and then awoke feeling perfectly well.

Whether we are justified in reasoning from the less to the greater, in this matter, or whether there would be a greater liability to awake on the part of the adult, I do not pretend to say.

THE MISSOURI STATE MEDICAL ASSOCIATION held its annual meeting at Jefferson City, on the 20th and 21st days of April. The attendance was not large, probably, according to Mr. Micawber, "owing to reasons not entirely disconnected with finance," but the meeting was more interesting and wide-awake than usual. A number of valuable papers were read and the discussions were both lively and instructive. The proceedings of the Association, which have just appeared, are highly creditable and constitute a very

readable pamphlet. Dr. J. T. Hodgen was elected president and St. Louis was selected as the next place of meeting.

AMERICAN MEDICAL ASSOCIATION.—The last meeting of this organization at Louisville seems to have been, in every way, a grand success. Dr. J. Marion Sims was elected President, and the meeting next year is to be held in Philadelphia. We cannot pretend to give a synopsis of the proceedings, but those interested in the matter can obtain the minutes, in pamphlet form, by enclosing fifty cents to Dr. W. B. Atkinson, Permanent Secretary, 1400 Pine St., Philadelphia, Pa.

CAUTION.—Messrs. Wm. Wood & Co., Publishers of Ziemssen's *Cyclopædia of Medicine*, caution those desiring the complete work, against purchasing occasional odd volumes that may be offered for sale. The Publishers do not engage to supply parts of sets and every subscription must be for the entire work.

REVIEWS.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USE OF ELECTRICITY. By GEORGE M. BEARD, A. M., M. D. and A. D. ROCKWELL, A. M., M. D., of New York. Second Edition, revised, enlarged and mostly rewritten. 8 vo. pp 794. New York: Wm. Wood & Co., 1875.

The authors of this work need no introduction to the medical public, for they have most assiduously kept themselves before that public for years past. At all times and under all circumstances, Messrs. Beard and Rockwell have ever been ready to step to the front and make themselves heard on the subject of electricity. These gentlemen have made stupendous progress during the few years they have been engaged in their specialty! It is getting to be so that there are very few things they cannot do, with their subtle currents, and we expect to see the day dawn when, by central galvanization, or some better means discovered by them, the old shall grow young again, the ugly beautiful, the wicked good, and even the last great enemy of man will be overcome, and the millenium forestalled and improved upon.

In spite of a good deal of extravagance, however, the treatise before us is a valuable one—the second edition being considerably enlarged—and, we are informed, mostly rewritten, and we doubt not will prove of great interest to those concerned in this department of medicine.

ON FUNCTIONAL DERANGEMENTS OF THE LIVER. Being the Croonian Lectures for 1874, by CHARLES MURCHISON, M. D., LL. D., F. R. S. 12 mo. pp 181. New York: Wm. Wood & Co., 1875.

These lectures, which were delivered in London just a year ago, have already reached a good many American readers through the columns of the *London Lancet* or the *British Medical Journal*. We are very glad to find them now collected in a little volume, through the enterprise of Messrs. Wm. Wood & Co.

It appears from Dr. Murchison's lectures, that the liver, which

of late years has been remanded to comparative obscurity in the medical world, (though still holding its own in the popular mind) is, after all, accountable for an immense number of the ills to which flesh is heir. This, however, is not due to disturbances in its function of secreting bile, but to the far more important role it plays in the process of sanguification and of the disintegration of albuminous matter.

It is not within the scope of the present notice to give even an outline of the comparatively new, and unquestionably sound, "liver pathology" here advanced. It is not easy to give a synopsis of what is already so condensed, and the reader will find this little volume as full of valuable matter as an egg is of meat. Few practitioners will read this work without recognizing the pictures of disease with which they are sufficiently familiar, but which they have credited to other causes; and many a man will learn, for the first time, why his quinine and iron have done no good in some cases where they seemed to him to be indicated.

THE HISTOLOGY AND HISTOCHEMISTRY OF MAN. A Treatise on the Elements of Composition of the Human Body. By HEINRICH FREY, Prof. of Medicine in Zurich. Translated from the 4th German edition by Arthur E. J. Barker, Surg. to the City of Dublin Hosp., etc.; and revised by the author. With 608 engravings on wood. New York: D. Appleton & Co. 1875.

Amongst the numerous medical works of but temporary value, and very ephemeral fame, which flood the book market, it is a pleasure to observe, now and then, one of such sterling and enduring worth as the one before us. The scope and character of the book is explained by its title. The study of histology is too much neglected, even in our best medical schools, while in many of the smaller ones it is entirely ignored. And the man who graduated ten years ago, at the best college in the land, had no opportunity given him for the prosecution of this branch of study. To the great mass of practitioners, therefore, the subject so ably handled by Dr. Frey has hitherto been a sealed book. None the less, however, is it one whose pages are rich with a knowledge that may be turned to most excellent practical account.

It is owing to the great practical importance of the subject, as well as the lack of knowledge thereon, in our midst, that we most earnestly commend this work to the attention of our readers. The minute anatomy and the physiology of the tissues, as well as their chemistry, so far as it is known, are set forth by Prof. Frey in the most elaborate and lucid manner. The matters under discussion, so far from being left obscure and dry, are handled in a manner at the same time fascinating and easy of comprehension. The illustrations are numerous and most excellent, making up to the reader, so far as is possible, for the lack of a microscope and a histological laboratory. The translation is so good that you rarely think of its being one. Dr. Barker, of Dublin, as well as the American publishers, deserve the thanks of the profession for placing within their reach this valuable and greatly needed work, which ought to command an extensive sale.

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